## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 19, 2002 8:00 am Secretary of State DOCUMENT # 625427 1. Entity Name HARBOR DOCKS, INC. 05-19-2002 90234 033 \*\*\*150.00 Principal Place of Business Mailing Address 538 HIGHWAY 98 538 HIGHWAY 98 DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1922293 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORGAN, CHARLES, III Street Address (P.O. Box Number is Not Acceptable) 538 HIGHWAY 98 DESTIN FL 32541 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVT** ☐ Delete TITLE CR2E034 (9/01) ☐ Addition Change NAME MORGAN, CHARLES III NAME STREET ADDRESS 720 BEACH DR. STREET ADDRESS CITY-ST-7IP DESTIN FL 32541 CITY-ST-ZIP TITLE ☐ Delete TIT: F ☐ Change ☐ Addition NAME MORGAN, CHARLES, III NAME STREET ADDRESS 720 BEACH DR. STREET ADDRESS CITY-ST-ZIP **DESTIN FL 32541** CITY-ST-ZIP Delete TITLE Change Addition NAME MORGAN, CHARLES, III NAME STREET ADDRESS 720 BEACH DR. STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change \_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTI